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CASE OF CHRONIC LARYNGITIS—TRACHEOTOMY—RECOVERY.

BY SAMUEL CABOT, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

F. M., 3 years of age on the 22d of March, 1856, when about 2 years of age had, according to the account of his mother, an attack of scarlet fever, soon after his recovery from which, he was observed to be somewhat hoarse, with occasional slight cough. After a while, some dyspnoea, with shrill breathing, was observed, which symptom went on slowly increasing, until I saw him, in July, 1856. At that time, his breathing was labored, with dilatation of the alae nasi, drawing-in of the lower part of the chest, a shrill-sounding respiration, and shrill, whispering voice. The vesicular murmur was masked by the laryngeal sound. The glottis was very far back; so that I could not at any time bring the epiglottis into sight. There was some dusky color in the face; but he was in quite good flesh, and with the general appearance of good health, excepting the above-mentioned dusky appearance, which was not very marked. He was cheerful and lively in manner. I applied, with the sponge-probang, a solution of nitrate of silver, a drachm to the ounce, to the larynx, which was repeated every day at first, afterward not so often. I ordered croton oil to be rubbed on the outside of the throat, and one grain of calomel to be given three times a day, and kept the bowels quiet with a drop or two of laudanum. Under this treatment the symptoms decidedly improved, though at no time did he recover his voice, or get entirely rid of his shrill and labored breathing. For a time he seemed so much better that the nitrate of silver was dispensed with, and his calomel stopped. Soon, however, the symptoms returned with their original severity; the nitrate of silver was again applied, but the calomel was only given for a short time, owing to the unfavorable influence it seemed to have upon his general health. He again improved somewhat, though not to the degree he had before.

About the 27th of August, I was out of town for a week, and

placed him under the care of my friend Dr. D. H. Storer, who tells me that one night he was called to him, and found him suffering under an attack of dyspnœa, almost amounting to suffocation, which, however, yielded to a powerful emetic. When I saw him on Sept. 2d, I found him worse than before, losing flesh, more dusky, and almost completely aphonic. The dyspnœa was very great. This condition grew worse and worse day by day, and I decided to perform tracheotomy, and appointed Sept. 9th for the operation. On the morning of that day, I was called in great haste, the messenger saying that the little boy was dying, if not already dead. On arriving at the house, I found that, on getting him up to dress him, he suddenly fell back senseless, blue, and apparently dying; but before I got there he had recovered, and was about as he had been the day before. About an hour afterward I operated, opening the trachea below the cricoid cartilage. There was nothing noticeable about the operation, except the advantage derived from having the trachea fixed by a tenaculum hooked below the cricoid; and the immediate calm which followed the free admission of air to the lungs, which was more marked than I remember ever to have seen in any other case—the change from great and painful agitation (in spite of ether) to perfect calm, almost death-like, in its contrast to the previous struggle for breath. The trachea appeared perfectly healthy at the part opened.

The child slept tranquilly for two hours; the first quiet sleep he had had for months. His general health began immediately to improve, and he gained flesh, strength, and color. As soon as the soreness immediately resulting from the operation had subsided, he had a solution of tannic acid, a scruple to the ounce of rose-water, applied on the sponge-probang to the larynx once a day, which was afterward increased to three times a day, when his mother had learned the mode of applying it. About a fortnight after the operation, I etherized the patient, and withdrawing the tube, and stopping the opening in the trachea, found that air would not pass by the larynx. I then re-introduced the tube, and putting a stick between his teeth, made a careful examination of the throat with my finger. I found the epiglottis thick, standing up rather stiffly, and larger than in its normal state. The top of the glottis felt quite healthy; a block-tin sound (No. 6) could be passed down through the larynx, so as to click against the tracheotomy-tube, with perfect ease. At a subsequent period, the sound was several times passed from the opening, upward into the posterior fauces.

About three weeks after the operation, some inflammation of the cellular tissue occurred on one side of the opening in the throat, shoving the tube to one side, and followed by suppuration and gradual subsidence. I repeated my examinations, under ether, every week or fortnight. In the latter part of December, I found that considerable air passed by the larynx, when the tube was with-

drawn, and the orifice stopped. I then had a tube made with an opening on the upper side, and got the mother to persuade the little fellow to try how long he could stop the opening with his finger, and gradually to wear a cork for a short time inserted into the opening.

On Jan. 29th, he kept the cork in, over an hour, breathing tranquilly and without noise; when, owing to a fit of coughing, his mother removed it, thinking he would "strangle." On the 30th, he wore it for several hours during the day, and kept it in all night. On the 31st, having kept the cork in since yesterday, he walked up to my house, at noon, without any disagreeable symptom. I removed the tube, and when I visited him the next morning, at about 10, A.M., the orifice had completely closed, so that no air passed, and no signs of an orifice remained. He still, Feb. 8th, speaks in whispers, but more and more loudly, breathes well, and without noise, has no cough, and is as healthy-looking a child as any one of his age.

During this period of nearly five months, he learned to talk quite distinctly by exploding air from the posterior fauces, and, for twenty-four hours after the opening was closed, he continued to do so, but he now speaks in the natural way, though in whispers.

MISPRONUNCIATION OF WORDS BY MEDICAL MEN.

[Communicated for the Boston Medical and Surgical Journal.]

MESSEURS. EDITORS,—In the retirement of country life, without the advantages of the society of medical professors and other literati which you enjoy in town, it becomes a would-be "respectable village practitioner" to make the best use of all the advantages which he *can* obtain, and I was therefore glad to see in your last week's issue an article on the "Pronunciation of Medical Terms." It is true ("pity 'tis," &c.) that there is a remarkable want of uniformity among medical men in the pronunciation of many words, and we should owe a debt of gratitude to him who corrects us. Will "A Medical Student" please, considering the times, to accept my note of hand for the amount due—"Value received, I promise to pay, &c. &c." (for the remainder, "Inquire at the office").

Sitting down, then, with the comfortable feeling, which one enjoys when hearing a sermon reproving his *neighbor's* faults, that I should see how wrong it was for Dr. A. to say this, or Dr. B. to say that, and how rightfully I had pronounced them all, I had hardly glanced at the first column when a cold chill came over me, which, as I gradually completed the list, became an actual rigor, followed by violent fever and excessive perspiration. To the pronunciation of the majority of these words I at once acceded, and, in fact, could hardly conceive that some of them, as, for instance, *datura*, *jugalis*, *secale*, *tinctura* or *vagina* could be pronounced

otherwise; some, too, have suffered injury at my hands, as ephelis, epulis, and encema, whilst others there are, old friends too, that I cannot give up, at least until their guilt is *proved*.

Your correspondent (our tutor) has made up his lists from words some English, some Latin and some Greek, and to all applied a rule of Latin, which is thus likely to bring him and his pupils into trouble; as one may ask, "Please, sir, what makes the penult of cervical or elephantiasis short?" or "Please, sir, we have found some other words to be placed in your first list, to wit: jo'dine, melo'dy, radi'cal, vagi'nal and others." So it is evident, again, that no such rule can be applied to English words where there are no such terms as long and short syllables. Hence unless good and sufficient reasons are shown, other than those stated already, medical men may continue to accent the antepenult of the English words anemone, plethora, trachea, ureter and vertigo, as well as the penult of eczema, meningeal, pellagra, pharyngeal, and some ending in *asis*. As for æsthesia, the most strict examination or careful information having failed to discover to us any such word, we will spend no farther time on it.

Finally, let medical students say "aloes" with three syllables ("allantois" necessarily *receives* the benefits of a diæresis, whether it be written or not), or "hydrocele" and its compeers with four, or "colchicum" with a *kick*, but let them be consistent and say kerub and kerubim, and not in so doing vainly imagine that they are speaking the English language. *Quis custodiet ipsos custodes?*

Yours, &c. A COUNTRY DOCTOR.

Feb. 15th, 1858.

"PRONUNCIATION OF MEDICAL TERMS."

[Communicated for the Boston Medical and Surgical Journal.]

AN article, by "A Medical Student," appeared in the *Medical and Surgical Journal* for Feb. 11th, on the pronunciation of terms in common use among physicians. The writer gives a list of the more important "words which are habitually pronounced wrong." He pretends to have tried them "by the usage of the best authorities," but leaves us quite in the dark as to who those authorities are. If he had informed us on this point, his hopes would not have been in vain that his communication might be not "wholly without interest." For, it would certainly be interesting in the extreme to know what "authorities" would sanction for a moment such mispronunciation as accenting the penult of *plethora*.

Professor Dunglison, in his Medical Dictionary, is perhaps the only lexicographer that favors this accent, and he can hardly be considered authority in this matter, by the side of such men as Webster, Worcester and a host of others. While many persons differ from Webster in orthography, they very generally concede

to him a certain authority in pronunciation that they grant to no one else; and more especially, as the different professional terms were collated by scientists the most distinguished in their respective professions. While we therefore yield with all respect to Professor Dunglison in questions of physiology, we beg leave to differ from him in questions of philology, when we have on our side the authority of standard dictionaries and good usage.

That *plethora* was originally a Greek word, and had a long penult, no one will deny. But its Greek origin does not prevent its being an English word to-day; and, as such, it should be pronounced according to the best English authorities. The name of Prof. Dunglison's place of residence—Philadelphia—was originally Greek, and was pronounced with its penult accented. But it would be highly pedantic on that account to call it, at the present day, Philadelphia. In these instances, we should follow good and established authority, and not cling too closely to derivation—never forgetting the fact that our language is one of anomaly, and not of analogy.

What we have said of *plethora* may be applied to *trachea*, which has now become thoroughly anglicised; also, to *anemone*, though we have excellent authority near home for saying *anemo'ne*. Worcester says *u'reter*. *Vertigo* is correct according to both Webster and Worcester, though *verti'go* is unquestionably good Latin. *Eczema* is not given in Webster, but Worcester says *ecze'ma*. *Enéma* is correct, according to Webster, who also allows *ab'domen*. *Aloes* is an English word of two syllables, though the plural in Latin, as also the genitive singular, spelt in the same manner, is pronounced with three syllables, and written with the diæresis. *Conium* is neither given in Webster nor Worcester, though Craig, in his Dictionary, "which embraces all the terms used in Art, Science and Literature," says *con'ium*. Professor Dunglison pronounces *hydrocele* as if it were a word of four syllables. The only reason for this is, that there are four syllables in the original Greek. But he should be consistent and go a step further, and make the *c* hard, as it is spelt with a *K* (kappa) in Greek.

"A Medical Student" seems to have been governed by no uniformity in placing the accents. They are put indiscriminately over the vowel or the consonant of a syllable.* We think he would find it a difficult task to give authority for his accentuation of such words as *vo'mica* [*vom'ica*?], *primi'para* [*primip'ara*?], *ob'struent* [*ol'struent*?] and many others.

In conclusion, we would only claim that where good authorities differ in pronunciation, it is quite fair for each member of the profession to follow such as he sees fit, without being open to the charge of pronouncing "wrong."

MEDICUS.

* The Editors of the JOURNAL, and not "A Medical Student," are responsible for the exact position of the accents.—EDITORS.

A CASE OF PUERPERAL APOPLECTIC CONVULSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

JANUARY 27th, 1858.—Was called to Mrs. R., a woman of low stature, rather robust, aged 26 (lived near my house). Expected to be confined in one or two weeks. She had had two spells of blindness of short duration, which somewhat alarmed her. Has had a bad feeling in her head at times during the past year. (Her mother died of some puerperal disease.) Has been married six years, and has had one child, which is now three years old, at the birth of which all was well. Health is now good; slight determination of blood to the head. Ordered a Seidlitz powder to be taken every other day.

Monday, Feb. 1st, 7, A.M.—Was notified that labor pains had come on, and she wanted me to send her something for a pain in her stomach, and be ready to come when called. Sent an extemporaneous carminative preparation. At 10 o'clock she was no better, and wanted to see me. Found her walking about the room, with pain and sickness at the stomach, and very slight labor pains. No trouble about the head. Gave her a gentle emetic, which caused a little vomiting of bilious matter, and afforded some relief. At 11½, labor pains came on strongly, and about 1 o'clock she was delivered of a healthy female child, weighing six pounds. In about thirty minutes the placenta came away, and in the course of an hour the patient was very comfortable in bed. If there was anything remarkable about the labor, it was the kindly manner in which everything went on, and the ease with which it was accomplished.

4 o'clock, P.M., I was informed that she was having some after-pains, and also pain in her stomach, and that she flowed rather more than at her previous labor. Sent her four Dover's powders, three grains each, one to be taken every three hours until relieved. The nurse said, "she took one, which relieved her, and she had a very quiet nap," from which she tried to awake her about 6 o'clock to give her some drink, but found it very difficult to arouse her. I was immediately called, and found her in a comatose state. Jaws set, unable to swallow, pulse about 100, almost imperceptible. Womb well contracted. Had flowed but a moderate quantity. Extremities quite cool. Breathing a little stertorous.

At midnight she had *one* regular convulsion, which lasted from sixty to ninety seconds. She had no more, but remained comatose until Saturday, the 6th, 105 hours, when she ceased to breathe, not having swallowed anything during the time, nor exhibited any signs of consciousness or feeling, except at times. When her hands, arms or feet were slapped, she would withdraw them; and when electricity was applied, she evidently felt it, and would flinch, and sometimes put her hand to the spot to which it was applied. During this long time the pulse varied from 80 to 100, sometimes tole-

rably full, but generally small and at times almost imperceptible, but always regular. At times she was in a profuse perspiration, and at others quite cold. Respiration stertorous a part of the time, if the head lay on its back, but if turned on its side the breathing would be quiet as though she was in a sound sleep, though the body still remained supine. There was but little frothing at the mouth.

The first urine drawn, about five ounces, twelve hours after the fit commenced, was of the color of a strong decoction of coffee, and a sediment was deposited, looking like fine coffee grounds. This urine proved by heat to be highly albuminous; in fact, from boiling it for a few seconds, it was as thick as cream. I am sure there was no vaginal discharge with this urine, as the parts were well cleaned. I cannot account for the color of this urine. Can you? The next drawn, about six or eight ounces, was of natural color, after which only two or three ounces were obtained at a time. No movement of the bowels was obtained, large injections nearly all coming away, and small ones remaining.

Treatment of the Case.—Mustard to back of neck, legs, and feet; bleeding from arms, and from foot in hot water; cups, exhausted by air pump, to back of neck; blisters to back of neck and thighs; snow to head; enemata of infusion of senna; sulphate of magnesia and oleum terebinth., twelve ounces at a time, repeated; also, enemata of ol. ricini and ol. tigllii, electro-magnetism, friction, &c.

J. H. BLAKE.

North Auburn, Me., February, 1858.

CASE OF UNUNITED FRACTURE OF THE HUMERUS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—At the request of a few of my medical friends, not having been aware myself of its possessing any particular interest (which explains its late publication), I have prepared the following account of the treatment pursued in a case of ununited fracture. If it be thought worthy of notice, it is at your disposal.

April 28th, 1851, happening to be at the office of my brother in Marlboro', a young man, aged 28, from Clinton, presented himself for treatment. He stated that on Oct. 15th, 1848, being at that time in Waltham, he was thrown from a carriage, and broke his arm from three to four inches above the elbow; that since that time he had been under the care of a number of eminent surgeons, but that no union whatever had taken place at the fracture. The arm was exceedingly shrivelled, it being apparently not more than half the size of the other, and so attenuated were all the muscles, that a most accurate knowledge of the place, direction, &c., of the fracture was at once perceptible to the touch. He was given to

understand the unpromising nature of the case, and, on that account, the reluctance felt toward undertaking a cure. He insisted, however, that an attempt should be made, stating that, as his labor was the sole means of support of both himself and family, he would cheerfully give all the time, patience and pains which might be requisite for effecting a cure.

So long a time—more than two years and a half—having elapsed since the accident, there could be no doubt that the fractured ends of the bones had become altered, and were in a state in which a disposition to unite could not be expected. Indeed, so insensible were they, that they might be rubbed for a long time upon each other without producing the least pain or irritation. It was also very evident to the touch that there had been deposited between them some substance of a cartilaginous or ligamentous nature, which must some how be removed before the process of union could begin. Absorption, produced by long-continued and steady pressure, seemed to be the most likely means to effect this removal. With this object in view, two bandages were applied around the arm, one above and the other below the place of fracture, and, upon these, two bracelets (if I may so call them) of thick leather, were closely fitted. Upon these, at equal distances, four pieces of tin were tacked, with a groove in each, through which iron rods, extending from one bracelet to the other, were inserted, with heads upon their upper and thumb screws upon their lower extremities. In this way it was thought that, by means of the screws, a sufficient amount of pressure could be exerted, provided that, in making it, the leather bands did not slip towards each other, which it was evident would be the case unless they compressed the arm to such a degree as to cause severe pain and impede injuriously the circulation. To obviate this, a piece of felt was tacked to the lower band, brought down and moulded over the elbow, and in the same way a piece of leather was attached to the upper one and carried over the shoulder, thus making the shoulder and elbow the points to which the principal part of the desired pressure and counter pressure would be applied. A small tourniquet (the fracture being somewhat oblique) was put upon the space between the two bands.

This apparatus was applied May 6th, 1851, the patient being instructed to keep up such an amount of pressure by means of the screws and tourniquet as he could endure. The treatment was pursued until June 10th, when, upon removing the apparatus, and observing that the extremities of the bones did not fall asunder, as at the beginning, I judged that the proper time had arrived for introducing the seton. The tourniquet was then accordingly removed, and the seton inserted, the same instructions as before being given to the patient. The arm immediately swelled to twice its former size. A slight degree of stiffening was perceptible in about

three months, but not such an amount as to warrant me in withdrawing the seton until May 25th, 1852, more than eleven months after its introduction. Finding him that day in his garden, steady-ing his hoe with his left hand, I ventured to remove it, but prema-turely. For visiting him a few days afterward, I found the swell-ing gone, and a considerable degree of motion at the point of fracture. Fearing I should soon lose whatever ground had been gained, and not having with me a seton needle, as the best substi-tute for it within reach I thrust into the old aperture, which had not yet entirely closed, a common turkey's quill. As this extempora-neous seton, by its effects, seemed to answer as good a purpose as one composed of any other substance, I let it remain until the fol-lowing July, when the cure seemed to be perfect, and when both it and the apparatus were entirely removed, and the patient went about his business, which the present winter is very laborious, that of logging.

The seton no doubt was the principal means of accomplishing this result; and its occasional failure, hitherto, in these cases, I am inclined to think has been often due to the removal of it before it had remained a sufficient length of time to produce its full effect. It may be mentioned, that in the case of this patient, the seton was inserted some time in 1849, by the advice of the late Dr. Twitch-ell, but withdrawn at the end of *nine* days. The very efficient aid derived from the apparatus ought not, however, to be forgotten. It seemed to meet satisfactorily every indication, not restricting in the least the liberty of the patient, affording free access to the se-ton, keeping the fractured extremities in exact coaptation, prevent-ing all motion of them, which it would be difficult entirely to obvi-ate by any mode of applying bandages, from their liability to be-come loose—and, lastly, supplying the desired pressure or com-pression.

HENRY BARNES, M.D.

Northboro', Feb. 15th, 1858.

CHOREA TREATED WITH ARSENIC.

BY DAVID RICE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

WITHIN a period of five years, a number of severe cases of chorea have come into my hands for treatment, all of which have yielded to a certain management in a short space of time. I had regarded the disease in question as an inveterate one, and obstinate in not yielding to the action of remedial agents. Experience has taught me the reverse—that with the right application of remedies, it is quite as curable as many maladies of less note. I have succeeded in curing all my cases in from two to six weeks, by the use of arse-nic, with a few other remedies, used either in conjunction with the

arsenic, or for preparatory or after-treatment. I will give the history of two or three cases, to illustrate my method of treating the disease.

CASE I.—Mary M., aged 10 years, of delicate formation, light hair, and blue eyes, nervo-sanguineous temperament, was taken with chorea during her eighth year. It gradually increased upon her, so that she was put under treatment during the ninth year, and kept upon various remedies, administered by a number of physicians, up to the time I saw her. She had suffered greatly, and obtained no relief. I could not ascertain from her friends *what* remedies had been tried. When I first saw her, she was lying upon a couch, with dishevelled hair, and every muscle and limb in continued motion. It was with great difficulty that she could articulate words so as to be understood. If she attempted to walk, she would often fall. Deglutition was very difficult. Her parents considered the disease confirmed. I commenced immediately with the arsenic, and a laxative occasionally, as follows: Fowler's solution, three times a day, in doses of ten drops, for three days; then, eleven drops for three days, three times a day, &c. &c., adding one drop to the dose every third day, until the effects of the remedy were visible in the system, and upon the malady. I gave a slight cathartic every third night. (R. Calomel, pulv. jalap, pulv. aloes, soap, ʒiij. Make into pills, each containing five grains; give two or three every night.) In three weeks the little girl came ten miles, in a carriage with her father, to tell me she was well. She is now 15 years old, and has had only one slight attack since, which was cured by taking the *same remedy* for a short time.

CASE II.—Mary F., aged 12, with dark hair, eyes, and skin, of bilious temperament, was attacked in the latter part of last autumn with chorea. It gradually increased upon her for two months, at which time I was called. I found her making all manner of gesticulations and grimaces imaginable, yet she could walk, and use her hands to some extent. I gave her a brisk purgative of the above-mentioned pills, and commenced the use of the arsenic (Fowler's solution) as in the former case. In three weeks, the muscular action had nearly ceased. The arsenic had produced a slight soreness of the eyes, and swelling of the lids, and I suspended its use and administered Griffith's myrrh mixture, to complete the cure.

CASE III.—Romaine G., a girl aged 9; of rather scrofulous aspect, but, in the main, of ordinary health; with sandy hair, and grey eyes, and of sanguineous temperament, was attacked violently with chorea. In the space of three days, she became perfectly helpless, and could neither speak nor swallow; she lay upon the bed with all her muscles and limbs in a state of lamentable contortion and spasmodic action. It was with the greatest difficulty she could swallow anything, and then only fluids, a little at a time. Her friends became alarmed; they supposed there was no help for such

a severe case. I confess it was doubtful, in my own mind, what the issue might be. I began with my favorite remedy, preceded by a cathartic of four of the pills above mentioned. Fowler's solution was then given, commencing with eight drops, three times a day, increasing *one drop* daily, for one week. At the end of that time, she was taking fifteen drops, three times a day. I continued the remedy five days longer, giving fifteen drops three times a day. On the twelfth day, the eyes began to grow sore, and the lids to swell, at the same time the chorea jactitations began to subside rapidly, and in twenty-two days had entirely ceased. I suspended the arsenic on the twelfth day, substituting Griffith's mixture in small doses for one week, after which I left the case to nature. The girl is now 15, and has had only a very slight attack, in her thirteenth year, and which yielded in a couple of weeks to the arsenic.

I might mention many other cases of chorea, occurring at different ages, and in both sexes, all of which I have treated with arsenic, with complete success. In fact, I have never known it to fail of curing. I am no believer in specifics, but I think arsenic is as sure to cure chorea, as the Peruvian bark is to cure intermittent fever. The remedy must be watched, and used with caution, and then it is entirely safe.

Leverett, Mass., February, 1858.

Correspondence.

LETTER FROM EDINBURGH.

MESSRS. EDITORS,—It is some months since I left home, and many incidents have fallen under my notice, which I should have read with interest had I been there and they been reported by another through your pages.

Two or three months were spent as an "interne" in the Dublin Hospital, where I often thought of you, and wished you had a good correspondent there. He would send you very many notes of interest in the course of the year, not to say in the course of every week. But where you are on tip-toe all day, and called up nearly every night too, and sometimes four times between 12, P.M. and 8, A.M., or deliver and see delivered eight women before a breakfast, as I have done, one has not much time or inclination for quill-driving.

You had a very fine report from a correspondent at the Vienna Lying-in Asylum, a few months ago, which made me feel that I must surely go there. But in the Dublin Hospital more women are delivered annually (upward of 2,000) than in the one at Vienna, and here the student does not labor under the inconvenience of a foreign language. Here are also two wards, for uterine and intra-pelvic diseases, where the student can add to his capital in that department of medicine; but for this branch, see below.

The "Dublin Obstetrical Forceps" are the prettiest and most perfect instrument for their purpose I have seen. They are very much like Davis's forceps, but lighter and having but one curve in the blades. You may say they are not strong enough. So said I, until I saw, over and over again, a strong man bring away a child with them, pulling with a great deal of force, and they did not slip: what more could be asked? Prof. Hodges's forceps rank about as high as any in the States: I have used them several times, and have also used these, and would advise any young man to see the "Forceps of the Dublin Lying-in Hospital," before he selects the pair for his future use. These will bring down a head from above the brim; that is all that is asked of the long forceps. With the double curved forceps what advantage have you in any case, and what will you do with a head in the third position of Denman? This position has brought vexation, if not disgrace, on more than one man, and his forceps ought to have been included at the same time. I am chatting with the younger members of the profession, who generally have more time to read your JOURNAL than our seniors.

Any young man who has not had very extraordinary advantages for the study of obstetrics, cannot spend a few months more profitably to himself, or more pleasantly, than in this Hospital. The master and assistants are gentlemanly and communicative, and he will in a comparatively short time see and familiarize himself with all the more serious complications of labor, and of the puerperal state—hæmorrhage unavoidable and accidental, hæmorrhage after labor, the use of the forceps, craniotomy, turning, retained placenta, puerperal fever, mania, convulsions, melancholia, the positions of natural labor, all forms of mal-presentation, lacerated perineum—and will become practically acquainted with everything in this department which he will subsequently be called upon to treat. He may learn this as well elsewhere, but he cannot possibly in the same space of time. Note, and do not forget, that through the Hospital for many years the Americans have had the reputation of being gentlemen, of being diligent, and attentive and kind to their patients. Others do well, let these continue to surpass them all. Through the winter months, the master (Dr. McKlintock) gives a tri-weekly course of lectures, practical and uncommonly lucid and instructive.

One or two, from many, good ideas that I have gathered here in Edinburgh, and I will not trespass longer. Prof. Simpson is an original thinker and practitioner, a popular and practical lecturer—a big gun. But, without mentioning names at this early date—having been in the city so short a time—here are not a few other guns, that carry their own shot, and to the mark, though their metal may not ring so much. Profs. Miller and Syme are well, and doing well—long may they continue.

Under the clinical instruction of Prof. Keiller is the place to gather practical, reliable, and useful instruction in the department of female diseases. He is perfectly free from ostentation, is gentlemanly and kind to his students and the patients; and while he does not neglect or abjure what is known to be good, he is eagerly searching for new means of diagnosis and for improvements in the mode of treatment. He has invented what he calls a vaginal stethoscope, with which can be diagnosticated intra-uterine life at the second or third month, long

before it can be discovered by the abdominal examination and the ordinary stethoscope. The instrument is, in material and shape, externally like the stethoscope used for the diagnosis of thoracic diseases, &c., but is solid, rather longer, and larger. It is passed up the vagina and its end pressed against the os uteri. With the instrument in this position, a sound is distinctly heard in the early months of pregnancy—more indistinct in later months—like the ordinary placenta souffle, or like that sometimes heard in an intra-pelvic fibrous tumor. The age, history and health of the patient, the condition of the menses, breasts, &c., must aid in the diagnosis as to the nature of this intra-uterine tumor. This stethoscope aids as to the fact of its presence.

Yesterday I saw an arm upon which re-section of the elbow-joint had been performed by Prof. Syme some nine months since. The man has good use of this limb, with rotation, extension and flexion as complete and free as in an ordinary arm. Within a few days Prof. S. has performed this operation again upon another subject, and also removed the head of a humerus—both patients doing well.

Another crumb for thought and observation. Prof. Simpson, in a lecture on obstetrics, remarked, that the funis was often found around the neck of the child at birth, and almost always wound around in the same direction—*id est*, from right to left, but that no satisfactory reason for this uniformity had been suggested by any one. One of his audience, Dr. John Sympson, R. N. Surgeon, gave him, this morning, what, I think, is a clear solution of the problem. The idea of it is this: viz., if you will take a right-handed bit of bed-cord, the length of a funis, put your foot on one end, and holding it perpendicularly, twist the other end slowly, at the same time keeping the cord a little slack in order to give it a chance to coil, you will find that it will coil around to the right, in the same direction that you would turn a cork-screw or wind a Geneva watch. Now make a left-handed cord of it by reversing the ends, putting under your foot the end you before held in your hand, and take in your hand the end you before had under your foot: again twist it upon itself; you will find that thus held it coils around to the left.

Now one child in seven has the funis about its neck at birth. According to one authority, eleven twelfths of the funes are right-handed cords, one twelfth are left-handed. Authors say *almost* all are around the neck from right to left—*i. e.* right-handed cords.

Query.—Is this *almost*, *exactly* eleven twelfths?

Yours,

E. P. BURGESS, M.D., *Dedham, Ms.*

Edinburgh, January 22d, 1858.

LETTER FROM PHILADELPHIA.

MESSRS. EDITORS,—Yesterday the clinic at the Jefferson College presented two operations of interest. They were performed by Professor Pancoast, and consisted in the extirpation of a cyst of the thyroid gland, and in a plastic operation to remedy the deformity occasioned by an exstrophied bladder. The subject of the first was a middle-aged woman, the tumor being about as large as a goose egg. The professor stated that no one in this country or in England, except himself,

had performed this operation; that he had operated four times successfully, and that this was the largest cyst he had operated upon. The extirpation was conducted without anæsthesia, and occupied some time. The chief interest of the thing was its rarity.

The subject of the second operation was a young man from Michigan, in whom the deformity was congenital. The penis was imperfect, the urethra terminating with its bulbous portion. The anterior wall of the bladder and the corresponding abdominal parietes were absent. Before operating, the doctor stated the faint hope of success he had, and the anxiety of the patient to have something tried. Says he, "gentlemen, within a few days I have put a new *bottom* in a Dutch woman's bladder, and it seems as if I ought to put a new *top* in a man's." Having then fully etherized the patient, he proceeded to the operation, which consisted, first, in fashioning a urethra on the back of the penis, by reflecting the skin from the anterior aspect, and next by dissecting off semi-circular flaps from the circumference of the vesical opening, bringing them together in the median line by means of Pancoast's plastic sutures, and securing them upon Boseman's lead plates. The operation was a very long and tedious one. At the expiration of two hours and a quarter, the patient was removed from the theatre to make way for a lecture by Meigs, and yet the operation was not concluded. The great difficulty was to obtain skin enough to cover the denuded surfaces. At the outset, the attendance of students was very large, but, as the dinner hour approached and passed, the spectators retired, until but very few remained. The case is here regarded as one of great interest, and for this reason I have mentioned it.

The attendance of students at the medical colleges is much the same as last year, judging from the looks of the benches. The new professor at the Jefferson takes up his subject of *materia medica* alphabetically, and puts more energy into his delivery than any like lecturer.

Dr. Agnew, of College Avenue, who keeps a private dissecting-room, has a class of two hundred students—rather a large body for one man to gather.

Dr. J. J. Woodward, of the University, has just fairly got under way with a series of lectures upon pathological anatomy—the first ever delivered, as such, in Philadelphia! In his course, he demonstrates microscopically to the whole class the appearances of morbid tissues. The microscopes are placed on tables mounted upon rollers, and thus the instruments are readily passed from student to student, who have in turn been previously instructed in their use. The course reflects honor upon its originator.

Dr. Harlow, of Cavendish, Vt., is in the city. He is the surgeon who attended the famous iron-bar-in-the-head case, which occurred several years since in Vermont.

It is a matter of regret that the Pennsylvania Hospital Library—the largest in the country—should be so difficult of access to a non-resident physician. The librarian certainly has not the opportunity to extend the urbanities which the Boston librarians accord to callers. The students, also, complain.

The public course upon operative surgery, instituted a year since at the University, is still in successful operation. Not students only,

but practitioners of some years standing, who have come to Philadelphia to renew their lore, are found in its classes.

Truly yours, R. S.

Philadelphia, Pa., Feb. 11th, 1858.

P. S.—Feb. 13th.—The exstrophied bladder case promises ill. The urine is trickling through the edges of the wound. R. S.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 25, 1858.

AUSCULTATION IN BOSTON IN 1793.

To talk about auscultation as employed for the diagnosis of disease during the last century, will perhaps be received with a smile of incredulity; and yet whoever will consult the *Memoirs of the American Academy of Arts and Sciences*, Vol. II., Part I., 1793, will find a case in which the application of the ear to the chest of the patient enabled the physician to diagnosticate the fact of a communication of an abscess in the thoracic walls with the lung. It is interesting to observe that the individual who came so near immortalizing himself by the discovery of auscultation, was the celebrated Dr. Edward Augustus Holyoke, or *Master Holyoke*, as his pupils still delight to call him, who was no less distinguished for his scientific attainments, and professional skill, than for the fact that he lived to upwards of one hundred years in the full possession of his faculties. The following outline of the case is taken from the *Memoirs of the Academy*, to which it was communicated by Dr. Holyoke.

The patient was a man of about 53 or 54 years of age, of a thin habit of body, with a very bad cough, hectic fever, profuse sweats, &c. He had a large tumor, of about the breadth of the hand, below the left clavicle, extending from the shoulder to the sternum. This tumor had all the appearance of an abscess, and was treated as such. Suppuration appeared to be coming on, when, one day, it appeared less prominent than usual, and was flabby to the touch, while the pain and inflammation had abated. The physician was at a loss what to make of the case, when the patient asked, "what could occasion that blubbering noise in the sore?" "On applying my ear to the part," says Dr. Holyoke, "I plainly heard a whizzing, and, as he termed it, a blubbering noise, at every breath, exactly resembling such as arises from the rushing of air through a small orifice. This orifice appeared to be just under the left clavicle, but nearer to the shoulder than the sternum. Upon viewing the part attentively, a small dilatation and contraction was perceptible upon expiration and inspiration, and the part was evidently puffy and flatulent to the touch. At this time the cough was very urgent, and the expectoration very copious." The swelling, inflammation and hardness subsided, the noise in breathing gradually lessened till it ceased, the cough, hectic and sweats left him, the appetite and strength slowly returned, and the patient was in tolerable health when the case was reported.

Dr. Holyoke's opinion was, that the abscess formed in the thoracic parietes originally, and afterward penetrated to the lung, which be-

came adherent to the walls at this part, and discharged itself through the bronchi. The abscess having a communication with a cavity in the lung, air from the latter would pass into it with every expiration, and be drawn back again with every inspiration; "and this passing and re-passing of the air," continues Dr. Holyoke, "will fully account for the noise which the patient complained of."

Taking into consideration the emaciation, cough and hectic fever, it seems probable that the case was one of empyema, from pleuritic inflammation, in which the matter pointed outwardly, but before discharging through the skin, burst into the lung, and was evacuated through the bronchi. The pathology of thoracic diseases being less perfectly understood at that time than at present, it is not surprising that Dr. Holyoke should have supposed the abscess to have formed externally to the pleuritic cavity, and to have afterward made its way into the lung. But however the fact may have been, the case is one of great interest, as showing how near a person of more than common sagacity may approach to a great truth without discovering it. This is not the first instance in which the great discovery of Laennec was almost anticipated. Dr. Walshe has happily chosen as a motto for his work on the "Diseases of the Lungs, Heart and Aorta," a quotation from R. Hook, written in 1705—"Who knows but that we may discover the works performed in the several offices and shops of a man's body by the sounds they make, and thereby discover what instrument and engine is out of order?" Had Dr. Holyoke thought of applying the knowledge he obtained in this case to the diagnosis of thoracic diseases in general, his name would have gone down to posterity as one of the most illustrious in the annals of medicine.

PHYSICAL DEVELOPMENT IN AMERICANS.

UNDER the above caption, the *London Times* has an article, couched in friendly terms and founded upon truth in the main, although certain assertions it contains seem to us erroneous. That the "*Thunderer*" should so far condescend as to step from its path sublime, and not only take a kindly interest in our welfare, but actually quote from one of our journals, is something to be mentioned. It is the "future destiny" of the American people which has inspired the *Times* upon this theme; and in reply to its own question, what that destiny is to be, it begins with the well-known fact that we sprang "from the old English stock." None should be more proud of this than ourselves, and putting aside the inherited glory of England to which we may lay some claim, we may look with pride at the *physical* attainments of her sons and daughters, and strive to emulate those athletic and healthful pursuits which enlarge, strengthen and beautify the human body.

Referring to certain statements in the Philadelphia *Evening Journal*, the *Times* has the advantage of a strong position, and virtually turns our own guns against ourselves. The Philadelphia paper is more severe in its strictures than any we have yet known to approach the topic, and we must confess that it has had, and to some extent still has, ample ground for the statements it makes. The tendency of such critics is, however, rather to exaggerate—indeed this is one way, and often a very effective one, of calling attention to an important subject, particularly to a crying evil.

We have several times descanted, in the pages of this JOURNAL, upon the neglect of exercise and manly sports which has hitherto very justly elicited the blame and the warnings of medical men and others interested in the physical and mental well-being of our great community. Were it the body alone which is thus injured, poorly developed and abused, it were less to be deplored, than that the mind and the temper so greatly suffer when proper exercise of the muscles and due oxygenation of the blood are neglected. To assert, however, that this state of things is universal in America, is not correct. The evil is also much less than it has been, if we are not greatly mistaken; and we think this last assertion is applicable to those very localities and to the classes of population, where not long since the neglect was greatest—we mean in the heart of large cities. So far as Boston is concerned, we see increasing evidence, daily, of that love for manly sports amongst our youth which will finally become the rule, not the exception. The game of cricket, as the *Times* notices, has been introduced here, and is, as it deserves to be, a favorite. Other games at ball, and gymnastic exercises, are followed with zest by our young men, many of whom are proficient in fencing, boxing, and other such vigorous and useful exercises. This winter, also, more than ever, has the fine exercise of skating been in vogue. It has, indeed, been the fashionable recreation; and young ladies who used perhaps to bake themselves over furnaces, and addle their brains with unprofitable reading, or cramp and contract their chests over fancy-work, now set their little feet into the shoes of the elegant skates, and spread their *crinoline* to the favoring and healthful north-west breezes. *Vive la crinoline* in such guise!

Yes, Mr. *Times*, we are reforming—but do not intermit your thunder. Favor us with a peal or two occasionally, and allow us to correct one or two misapprehensions you have fallen into. You assert that “it is certain that the Americans, both young and old, are with difficulty led to take any muscular exercise.” Such, doubtless, has been the fact, as we before intimated, in certain localities and certain classes of our population; but we venture to say, the great majority of our school-boys and girls have ever been as ready for hearty play as any in the world. Young men have, it is true, been altogether too prone to loiter, sit still and smoke, or else drive fast horses; but to say that “gentlemen will never walk if they can possibly drive, and when they have no particular object in going anywhere, sit down and smoke,” is, we believe, slightly inflating the facts. That too much of this laziness is still indulged in, is doubtless true; but the converse, unless we greatly mistake, has long been the case. It is surely not *now* the fact that “the only sports of an American are shooting and driving,” as we have stated above. We cordially unite with Jupiter Tonans of London in the following remarks:—“Boys and girls should not be dressed up within an inch of their lives from the age of 10 or 12, and taught that it is vulgar to soil their ‘pants’ or compress their *crinoline*.” We may add to the above, the suggestion that boys should be taught to call things by their right names, and to say trousers instead of “pants,” which, as Dr. Holmes hath it, is “a word not made for gentlemen but gents;” and also that school-girls, at least, should not wear *crinoline* at all; it makes them very ridiculous, and must restrict the free and easy sports in which they should indulge.

Another sentiment from England in which we concur, is, that the system of active exercises attached to the schools there, should be adopted here. Of its good results, there cannot be a question.

The *New York Times*, of February 17th, in whose columns we find the article from its London ancestor, takes up the subject in a spirited editorial, from which our space does not allow us to extract certain paragraphs which we had marked for that purpose. While we dissent from its position that "a comparison of the official representatives of the two nations" (meaning those holding official positions) affords a standard for estimating their actual physical condition, we were interested to observe the number of hale and hearty gentlemen of distinction which are enumerated upon both sides, as representative men. The New York journal might, we think, have named others upon the English part. Against Lord Palmerston, vigorous at 74 years of age, and Lord Lyndhurst (who is carefully claimed as a *Bostonian* by birth), in fine working condition at 86, there are arrayed Secretary Cass, 76, active and strong as ever; President Buchanan, "an extremely English-looking old gentleman, in good health, and showing an unimpaired capacity for business at the age of 70"; General Scott, "a splendid, tall and hearty old warrior of 72," ready for service at any time; Commodore Stewart, "as bluff-looking and vigorous at the age of 80, as any Admiral in the British fleet"; and "the Chief Justice of our Supreme Court," a diligent student at the age of 81.

The question of superiority cannot, however, be settled by picking out a few men in each nation, for comparison, but the masses must be estimated. Our eastern lumber-men and our western trappers and hunters will compare favorably for bone and muscle with any men in the world.

We unite cordially in the call, from whencesoever it comes, for a full allowance of exercise and sports to young and old, to boys and girls, men and women.

SECRET REMEDIES AND CRIMINAL ABORTION.

At a meeting of the Councillors of the Massachusetts Medical Society, held Feb. 3d, the following resolutions were adopted.

"*Resolved*, That the Massachusetts Medical Society deem it dishonorable in its Fellows to append their names in any way commendatory of secret or quack remedies, and any Fellow so exhibiting his name shall be considered as acting in a manner derogatory to the dignity of a Fellow of this Society.

"*Resolved*, That if any physician or chemist, through inadvertence or misapprehension, shall have been induced to give his recommendation or authority in any way to promote the circulation or sale of any secret or empirical medicine, he shall be expected publicly to disclaim or revoke the same.

"*Resolved*, That the Fellows of the Massachusetts Medical Society regard with disapprobation and abhorrence all attempts to procure abortion, except in cases where it may be necessary for the preservation of the mother's life.

"*Resolved*, That when any Fellow of this Society shall become cognizant of any attempt unlawfully to procure abortion, either by persons in the profession or out of it, it shall be the duty of such Fel-

low immediately to lodge information with some proper legal officer, to the end that such information may lead to the exposure and conviction of the offender.

"Resolved, That no person convicted of an attempt to procure criminal abortion can, consistently with its By-Laws, any longer remain a Fellow of this Society."

A Committee to whom was referred the question whether any alteration in the laws respecting the procurement of criminal abortion were desirable, reported that the existing laws were sufficient if they could be enforced, and that no change was expedient at present.

Monstrosity.—The *Bangor Union* reports the case of a woman, of the town of Bradley, ten miles above Bangor, who was delivered of two boys firmly united by a ligament extending from the hips to the shoulders. There was but one clavicle, "extending from the outer shoulder of the one to the outer shoulder of the other." The patient was attended by Dr. Bradbury, of Oldtown.

"The Medical Independent" and the "The Peninsular Journal of Medicine," two periodicals published in Detroit, Michigan, are hereafter to be united, and published under the title of "The Peninsular and Independent Medical Journal." It will be under the editorial management of Profs. A. B. Palmer and Moses Gunn, of the University of Michigan, and Mr. Frederick Stearns, a practical pharmacist.

Dr. Burgess's Letter from Edinburgh.—An interesting letter from Dr. Burgess, of Dedham, now in Edinburgh, will be found in the JOURNAL of to-day. In a subsequent private letter, dated Jan. 29th, he wishes the following "postscript" added to the one intended for publication. It unfortunately came too late for insertion on page 81, and we therefore give it a place here.

"P. S. Since writing the above, I find that reversing the ends of a right-handed cord does not change it to a left-handed one. To be such, the cord must be twisted to the left in the making.

E. P. BURGESS."

Health of the City.—The unusually low number of 67 deaths was reported for last week. There were 6 fatal cases of croup, and only 1 of pneumonia. The number of deaths for the corresponding week of 1857 was 81, of which 20 were from consumption, 17 from scarlatina, 3 from croup and 3 from pneumonia.

Communications Received.—Fracture of the Neck of the Os Femoris.—Transactions of the Providence Medical Association.—A Uterine Cupping Instrument.

Books and Pamphlets Received.—Mesmerism, Spiritualism, Witchcraft and Miracle; a Brief Treatise, showing that Mesmerism is a Key which will unlock many Chambers of Mystery. By Allen Putnam. (From the Author.)—Report of the Butler Lunatic Asylum.

Deaths in Boston for the week ending Saturday noon, February 20th, 67. Males, 31—Females, 36.—Apoplexy, 1—aneurism, 1—bronchitis, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 19—convulsions, 1—cholera morbus, 1—croup, 6—dropsy in the head, 5—debility, 1—infantile diseases, 2—puerperal, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 1—disease of the heart, 1—disease of the kidneys, 1—inflammation of the lungs, 1—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—measles, 2—pleurisy, 1—scrofula, 1—suicide, 1—teething, 2—whooping cough, 3.
Under 5 years, 30—between 5 and 20 years, 11—between 20 and 40 years, 12—between 40 and 60 years, 10—above 60 years, 4. Born in the United States, 40—Ireland, 13—other places, 3.

Prize Essays.—At a meeting of the American Medical Association, held at Nashville, Tennessee, in May last, the undersigned were appointed a committee to receive and examine such voluntary communications, on subjects connected with medical science, as individuals might see fit to make, and to award two prizes of one hundred dollars each to the authors of the two best essays. Notice is hereby given that all such communications must be sent on or before the first day of April, 1858, to Grafton Tyler, M.D., Georgetown, D. C.

Each communication must be accompanied by a sealed packet containing the name of the author, which will not be opened unless the accompanying communication be deemed worthy of a prize. Unsuccessful papers will be returned on application to the committee at any time after the first day of June, 1858, and the successful ones, it is understood, will be published in the *Transactions of the Association*.

Committee on Prize Essays.—Grafton Tyler, M.D., J. C. Hall, M.D., J. F. May, M.D., Thomas Miller, M.D., Joshua Riley, M.D., Alexander J. Semmes, M.D., W. J. C. Duhamel, M.D.

Washington, D. C., November, 1857.

Arsenic in House Paper.—The subject of injurious effects from green paper-hangings was alluded to in the last volume of the JOURNAL. It is still discussed in the London Journals. Dr. Halley, of Cavendish Square, gives in the *Times* the following account of his own personal experience in the matter:—"In the autumn of 1856 my study, a room some fourteen feet square by eleven feet high, was papered with a newly-made rich emerald green flock paper, and shortly after the room was finished I commenced to work in it regularly every evening for some five or six hours, the room being lighted with gas by a single fish-tail burner. Within a few days I began to suffer considerably in my health from constant headache, dryness of throat and tongue, with internal irritation. I could attribute this to no particular cause, as no change had taken place in my habits, and up to this period my health was excellent. Not to enter too much upon detail, suffice it to say, that after some three weeks I became completely prostrated, almost losing the use of my left side, and was for some time under the care of two physicians. Not suspecting the room, as soon as I had somewhat recovered I returned to my study, and was alarmed to find that after a few days the same symptoms returned, and obliged me to desist; until at last I found that whenever I worked for any length of time in this arsenic-papered room I invariably suffered from the same set of symptoms, which did not come on if I remained in other rooms not so papered." Dr. H. then had the paper chemically scrutinized, and arsenite of copper was found in it to the amount of nearly a drachm to the square foot. The air of the room was also tested, and distinct crystals of arsenious acid were obtained. The paper was at once removed, and the use of the room with another paper, but in every other respect unaltered, afterward produced no bad effects.

Hydrophobia.—Two recent cases of hydrophobia are recorded in the papers. One was produced in an unusual manner. A cow, in Norwich, Ct., after being bitten by a dog, and while suffering under the symptoms of hydrophobia, was offered water to drink in a pail. The froth and saliva from the animal's mouth got into the water, and a Mrs. Randall soon after put her hand into the water to rinse out the pail. A slight scratch on the skin of her hand allowed the poison to be absorbed, and the dreaded disease soon followed, causing her death in three days from the time of the exposure.—The other case occurred in Buffalo, N. Y., in a boy of 13, who was bitten in the nose by a dog three months ago. He died, with the usual symptoms, in three days after the symptoms showed themselves.

Poisoning by Cyanide of Silver.—A man lately drank by mistake, instead of water, a tumbler full of a solution of cyanide of silver, from a large jar near which was standing the tumbler, at an electrotype establishment in New York. Instantly discovering his mistake, a quantity of lamp oil was administered, with a view to make him vomit. A physician was called, who administered emetics without effect. The patient was then taken to the City Hospital, where he died shortly after being admitted. A *post-mortem* examination showed that the lining membrane of the stomach was entirely destroyed, and the brain and left lung congested. Had the jar been marked "poison," the fatal mistake would not probably have happened.